

CLAIMS ONLY						Application Number 10/800,840	Filing Date		
						Applicant(s)			
						* May be used for additional claims or amendments			
CLAIMS	AS FILED 11-5-04	AFTER FIRST AMENDMENT	AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							/		
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49							/		
50							/		
Total Indep	5						3		
Total Depend	15						17		
Total Claims	20						20		